DOCUMENT RESUME

ED 069 083 EC 050 166

TITLE	Education for Mentally Retarded Children and Youth in Florida Public Schools.
INSTITUTION	Florida State Dept. of Education, Tallahassee. Div of Elementary and Secondary Education.
PUB DATE	Jun 72
NOTE	9p.
EDRS PRICE	MF-$0.65 HC-$3.29
DESCRIPTORS	Classification; Educational Philosophy; *Exceptional Child Education; Identification; *Mentally Handicapped; *State Standards; Student Placement
IDENTIFIERS	*Florida

ABSTRACT

The position paper on the education of mentally retarded children in Florida public schools acknowledges recognized definitions of mental retardation and states that Florida's definition requires that an individual have both impaired intelligence and impaired adaptive behavior. Early planned screening by teachers and school officials is recommended; students obtaining an IQ score of 80 or less on a group test should be referred for individual psychological evaluation. Identification, certified by a qualified examiner (state certification in school psychology or a licensed psychologist), takes into account the following factors: medical examination, psychological testing, achievement test, adaptive behavior, other tests deemed necessary, parent interview and permission, and case history. Placement in a program for the retarded is said to be the responsibility of a special staffing committee or an exceptional child admissions specialist. Guidelines for grouping students by chronological age are given, and reasons for dismissal from the program are mentioned. (KW)

ED 069083

EDUCATION FOR MENTALLY RETARDED CHILDREN AND YOUTH IN FLORIDA PUBLIC SCHOOLS

A POSITION STATEMENT

EC 050 166

DEPARTMENT OF EDUCATION
TALLAHASSEE • FLORIDA
FLOYD T. CHRISTIAN • COMMISSIONER

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JUNE 1972

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STATE OF FLORIDA DEPARTMENT OF EDUCATION
Floyd T. Christian, Commissioner

DIVISION OF ELEMENTARY & SECONDARY EDUCATION

BUREAU OF CURRICULUM AND INSTRUCTION

SECTION OF EXCEPTIONAL CHILD EDUCATION

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EDUCATION FOR MENTALLY RETARDED CHILDREN AND YOUTH IN FLORIDA PUBLIC SCHOOLS

A POSITION STATEMENT

Acknowledging that many recognized authorities in the field of mental retardation have produced definitions of *the retarded individual who is trainable or educable*, for the purpose of this position statement two approaches are to be considered in developing a functional definition.

In establishing a conceptual base for defining the retarded, Herbert J. Prehm states that "historically five concepts have been used in most definitions of mental retardation."[1] These are: (1) origin in the developmental period; (2) mental subnormality; (3) social inadequacy; (4) organic causes; and, (5) incurability.

The American Journal of Mental Deficiency uses the following definition, along with the statement that retardation originates during the developmental period, and is associated with impariments of adaptive behavior.

> *"The mentally retarded person shall mean a person in whom there has been found, by comprehensive evaluation, the condition of mental retardation of such a nature and degree as to constitute a substantial, continuing, prospective, educational, vocational, and social handicap."*[2]

After examining the conceptual base, the American Association for Mental Deficiency definition of mental retardation, and also those by Edgar A. Doll (1941), A. F. Tredgold (1952), and Seymour B. Sarason (1955), the following statement was compiled as a workable definition of the mentally retarded individual.

A mentally retarded person, who is eligible for public school placement, is an individual whose intellectual and social functioning is impaired to an observably measurable degree. He is characterized by testing at approximately 25 to 75 I.Q. range on an individual intelligence measure (WISC or Binet), and has impaired adaptive behavior which can be measured in his natural social environment, on a standard scale, or by observation techniques.

[1]Herbert J. Prehm, "Mental Retardation: Definition, Classification and Prevalence", p. 9.
[2]"Standards for State Residential Institutions for the Mentally Retarded", American Journal of Mental Deficiency, Vol. 68, No. 4, p. 23.

The two major facets of the definition encompass:

the degree to which the individual is able to function and maintain himself independently; and,

the degree to which he meets, satisfactorily the culturally imposed demands of personal and social responsibility.

The requirement of this definition is that the individual has both impaired intelligence and impaired adaptive behavior. One existing without the other means that the individual is not retarded. Organic factors may be related very closely to some types of retardation. However, to include organicity as a major part of the definition of a mentally retarded child is not meaningful.

There is agreement with the concept of incurability in a tentative, practical and probabilistic sense. An individual who is appropriately diagnosed as mentally retarded probably always will be limited in higher abstract reasoning and verbal skills. However, he can be expected to improve his level of adaptive behavior since behavior modification is a demonstrable function of exceptional child education and ancillary, supportive professions. With assistance from these professions, we can expect to change the individual's adaptive behavior, so that he can adjust to his environment in a changing society.

SCREENING:

Careful and planned screening should be conducted to determine individuals who are to be referred for individual psychological testing as suspected mentally retarded children. During the child's pre-school years previously undiagnosed conditions may become apparent through a delay in walking, speech, poor coordination, and self-care skills. Such signs as simplicity of play, inability to combine words into sentences, lack of imagination and choice of younger playmates are also indicative of less than normal development. Physicians or parents may make the initial observations of the delay. A thorough medical examination by a physician should be made part of the identification process.

Often, children within the trainable mentally retarded range are identified prior to school placement, so appropriate placement when entering school is simplified. During the school years the mentally retarded child will become distinguishable through his academic failure which is often accentuated by behavior patterns of aggression, withdrawal or negativism. Teachers or school officials will usually be the initial observers of these behaviors.

Screening should then be accomplished by the use of the Slosson Intelligence Test, California Mental Maturity Test, Otis Quick Scoring Test, Peabody Picture Vocabulary Test, or similar instruments. Screening procedures should be intensified during the early school years. Individuals referred by teachers or other school officials should be screened as soon as possible. These procedures should also be implemented at grades 2, 4, and 6 during the early part of the school year for suspect individuals.

With this early screening procedure, early identification would become possible, thereby reducing the chances for compounding a slight academic and behavioral problem into academic retardation and maladaptive behavior. It would seem reasonable to recommend that any individuals obtaining an I.Q. score of 80 or below on a group test should be referred for an individual psychological evaluation as a suspected mental retardate. A medical examination by a physician should be included in this referral process also. Referrals should be made by the classroom teacher to the principal of the school. The principal should send copies of the referral to both the county offices of psychological services and exceptional child education.

IDENTIFICATION:

The psychological identification is certified by an experienced, qualified examiner who either has state certification in school psychology or is a licensed psychologist. As this examiner interprets test results, he also will weigh the effect of factors such as ethnic origin, language barrier, and demographic areas on a particular child. Before administering psychological tests to a child, written permission should be obtained from his parents or guardian. Also, home visits should be scheduled, when necessary, to assess the child's total environment. The following factors should be incorporated into the identification:

A. Medical examination by a physician
    1. Vision test
    2. Hearing test
    3. Deviations from normal limits of physical condition
    4. Height and weight
    5. Handedness and dominance
B. Psychological testing (WISC, or Binet)
C. Achievement test
D. Adaptive behavior
E. Other tests as deemed necessary (Draw-A-Person, TAT, Bender, etc.)
F. Parent interview and permission

G. Case history
   1. Home and family background
      (a) Mother
      (b) Father
      (c) Sibling relationships
      (d) Home environment
   2. Educational history
   3. Medical history

PLACEMENT:

The placement of an individual in a program for the mentally retarded should be the responsibility of a special staffing committee or an exceptional child admissions specialist assisted by a committee. The special education director or other school administrator so designated by the director should chair the committee and coordinate the committee's activities.

Whether placement is to be determined by a special staffing committee or by the exceptional child admission specialist's committee, the following resources should be available to the committee: the principal of the referring school; the principal of the school which may receive the child; the teacher who referred the child; the teacher who may receive the child; the supervisor of the mental retardation program; the psychologist; the social worker; and, the parents of the child concerned.

Input and specific comments should be included from other professional people consulted such as psychiatrists, previous teachers, speech therapist, guidance counselor, consulting psychologist, physician, school nurse, visiting teacher, and others. *The placement should be made as a result of careful study and consideration given to all the individual characteristics of the child as well as the child as a total organism.* This staffing procedure must review records, observations, test scores, and related information before a decision is made. The future of a child cannot be based on one test score, one teacher's opinion, or one building principal's judgment.

Although the final decision for placement will be made by the administrator of exceptional child programs, any recommendations for placement should be made by all members of either the special staffing committee or the exceptional child admissions specialist's committee. (Again, before any child is placed in a program for the mentally retarded, written permission must be obtained from his parents or guardian.) Because each child is considered individually and his performance and behavior are reviewed periodically to reflect gains or regressions, no placement decision is considered final or permanent.

The staffing procedure is a vital part of a total program for mental retardates. Without proper identification and placement of children early in their school careers, a special program for mentally retarded individuals is inconsequential and can do no more for them than the ususal academic program. It is unlikely that a child who has reached junior high school without participating in an exceptional child program will benefit greatly from initial placement in such a program at that age. Benefits are further reduced for high school youngsters who have managed to function in the regular school program. Yet, at whatever age a child is introduced to the exceptional child program, it is essential that the parents are fully informed about test scores, the exceptional child programs and curriculum, and any other pertinent data.

To decide the administrative arrangement best suited to the individual's need and the one which offers the optimal benefits for the individual, the staffing or placement procedure should include a careful study of each child recommended for initiation into the mental retardation program. The administrative arrangement for these programs may be either as special school classes, as self-contained classrooms, as resource rooms within a regular school building, or others. The vast majority of mentally retarded children with seriously impaired adaptive behavior who are in the IQ range of 25-50 need the special school setting to function and to receive maximum benefits from a school program.

The guidelines for grouping these children according to chronological age ranges should be: primary classroom - ages approximately, 5 to 8 years old; intermediate classroom - approximately, 9 to 12 years old; junior high age classroom - approximately, 13 to 15 years old; and senior high age classroom - approximately, 16 years old to graduation. Pre-school and early childhood programs should be included in administrative arrangements wherever and whenever possible.

The staffing or placement procedure should make a careful study of each individual in order to decide the administrative arrangement best suited to the individual's need and the one which offers the optimal benefits for that person. If the resource room arrangement is deemed most appropriate, the amount of time each child would spend in the specialized program must also be decided on an individual basis.

Some of the most important considerations are: case-finding; diagnosis; re-evaluation at regular intervals; and educational treatment with content and methodologies firmly established and carefully supervised. These must be related closely since they have impact on each other to the degree that they are a part of the total programmatic picture.

DISMISSAL:

A student should be dismissed from a program designed for the mentally retarded through graduation or by the decision of the staffing committee with all members of the committee having part in the decision. Other than graduation, dismissal from the program should be considered only in cases of extreme behavioral problems, excessively poor adjustment to the program, or other handicapping conditions which make the program inappropriate for the individual. If the original identification and placement are carefully made, there should be very few dismissals from the program. Continuous and systematic re-evaluation will insure that the children who are receiving the services of this specialized program are properly placed to benefit from their educational environment.

Any student within the compulsory attendance age limits may not be totally exempted from school without a certificate of exemption issued by the county superintendent.

The educational program provided will teach the skills necessary for the mentally retarded child to become a successful adult who can work, live, and play within the limitations of his handicap in today's society. To evaluate the educational program, on-going follow-up assessment of performance must be conducted for graduates of programs for the mentally retarded.

BASIC EDUCATIONAL PROGRAM:

The educational program for mentally retarded children should consist of a sequentially designed curriculum with emphasis on functional academic skills, daily social living skills and practical vocational skills. The curriculum should begin at the primary or pre-primary level, and a diploma should be awarded upon acceptable completion of a secondary curriculum. The emphasis should be a basic educational program for the mentally retarded in preparation for a successful adult life.

Because supervision and coordination at the teaching level are of utmost importance, district supervisors and coordinators should have those competencies which allow them to make ongoing evaluation of all aspects of the program. One of the most vital elements of any good program is that the child's teacher has the necessary competency to successfully individualize the learning program.

B I B L I O G R A P H Y

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